Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number
HS001278

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☒ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 7900 OLIVE CREEK RD (no rural route) City FIRTH, NE Zip 68358

Legal Description 10 7 7 6TH PRINC MERIDIAN 49SE

1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 14-10-400-003-000 SB

B. Owner

Name DANIEL & NICOLE MOSS Signature

Address 7900 OLIVE CREEK RD City/State/Zip FIRTH, NE 68358

Home Phone 402-853-3033 Work Phone

C. Certified Installer

Name JASON KUBIK / JAIME KUBIK Signature Jaime Kubik

Address 105 LOCUST ST. Box 191 City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☐ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 4.02

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits Date rec'd **ACTION** ☐ Approved ☐ Disapproved
Date frwd Signature
Comments

2. Supt. Bldg. Insp. or Village Clerk
Comments Date rec'd **ACTION** ☐ Approved ☐ Disapproved
Date frwd Signature

3. City or County Engineer
Comments Date rec'd **ACTION** ☐ Approved ☐ Disapproved
Date frwd Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 6-13-16 Amount Paid $385.00
Received By SB Cash/Check No. 2595

White - Health Department Yellow - Engineer Pink - Building & Safety

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001278

System Type: Lagoon

Situs: 7900 OLIVE CREEK RD, RURAL, NE

Issued: 6/14/2016

Expires: 6/14/2017

Description: S10, T7, R7, 6th Principal Meridian, LOT 49 SE

Owner: MOSS, DANIEL T & NICOLE J
7900 OLIVE CREEK RD
FIRTH, NE 68358

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Judith A Halstead
Judith A. Halstead, MS
Health Director

SOUTHWICK LIQUID WASTE INC
105 LOCUST STREET
HICKMAN, NE 68372

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 14-10-400-003-000

Owner: Dan Moss Address 7800 Olive Creek Rd

A. Wastewater Piping

1. Material: PVC Diameter: 4" in.
2. Distance between dwelling and septic tank: 67.1 ft.

B. Septic Tank

1. Material Accusafe Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   - Well ±50 ft.
   - Pressure line ±50 ft.
   - Property Line ±50 ft.
   - Foundation 67 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 17 ft. E

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 plus 29"
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 112 ft. 116 ft. 112 ft. 28
4. Drainfield size: 368 sq. ft.
5. Distance to:
   - Well ±100 ft.
   - Pressure line ±100 ft.
   - Property line 10 ft.
   - Depth of Groundwater ±12

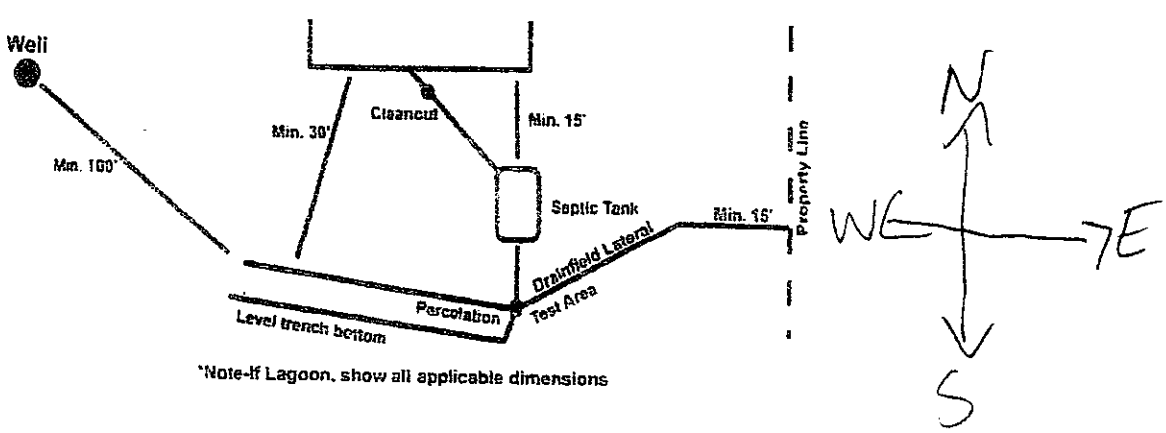
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

If Yes, the Certified Professional must sign below for final approval:

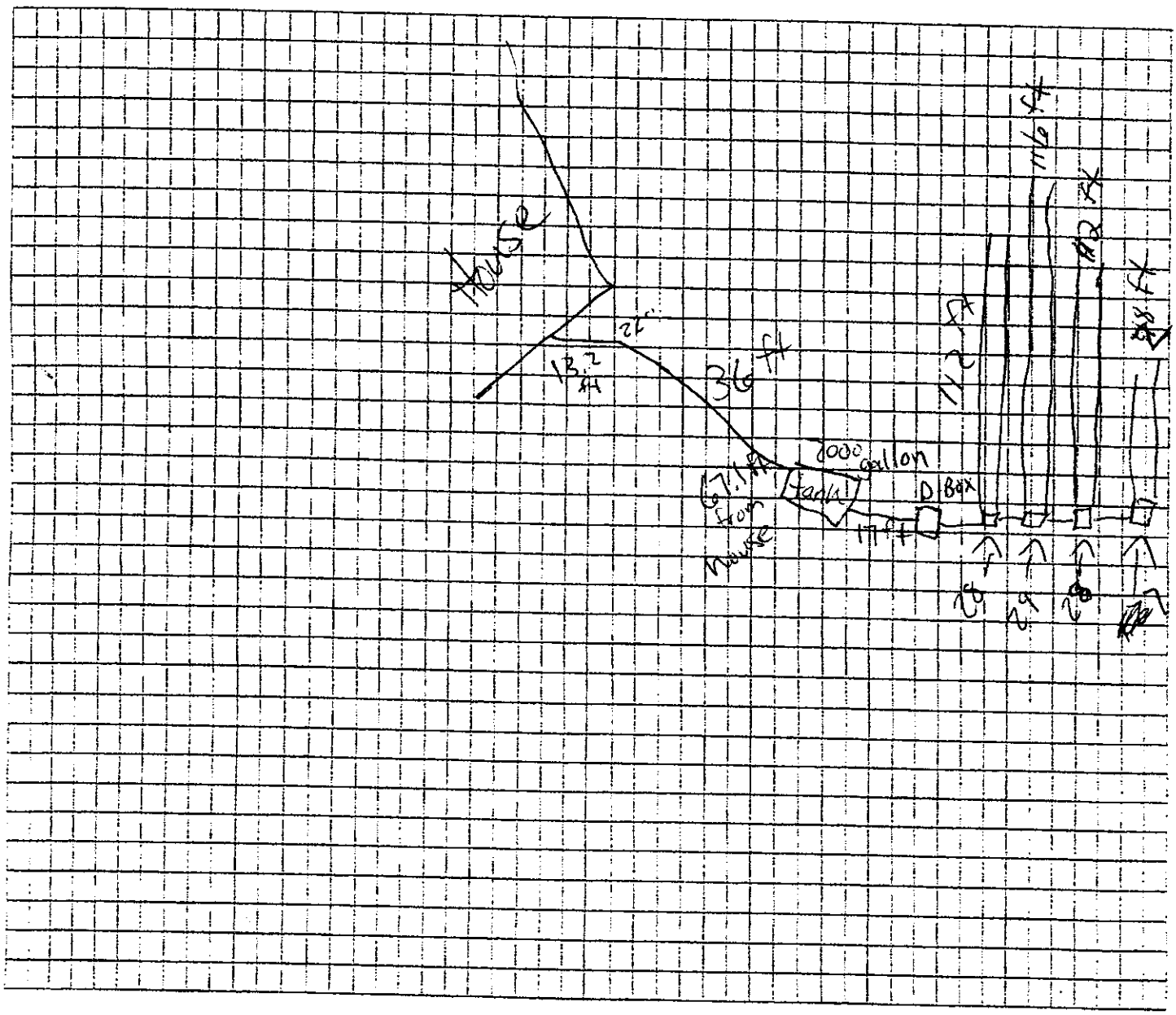
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: [signature] Date: 9/2/16

Complete As-Built drawing on the back of this form.



*Note-If Lagoon, show all applicable dimensions



Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 5

Permit Number: HS001278

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/13/16 Legal Description 18 / 7 / 7 Lot 49 E
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 7900 Olive Creek Rd. City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1,320 Sq. Ft. Tank Size 2000 gals

Total length of laterals 365' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 4 Width 3.625 Inner No. of Drop Boxes _____ Distribution Box 1

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☐	500 ☐	50 ☒	NA ☒	10 ☒	5 ☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	25 ☒	5 ☒

Geographical Coordinates to 6 Decimals:

Tank NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DC Date 9/2/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Lamb

Date 9/13/16

Field Note Drawing (See Reverse Side):